

Highlights of the March 22, 2002 System Leadership Council Meeting

The following members attended the March 22 meeting of the System Leadership Council:

Janet Areson	Paul R. Gilding	James W. Stewart, III
Mary Ann Bergeron	Larry L. Latham, Ph.D.	Julie A. Stanley
H. Lynn Chenault	Jules J. Modlinski, Ph.D.	Frank L. Tetrick, III
Charline A. Davidson	George W. Pratt, Ed.D.	James A. Thur
Judy Dudley	Raymond R. Ratke	Joy Yeh, Ph.D.
James Evans, M.D.	James S. Reinhard, M.D.	

1. Part C Compliance

- Concerns were expressed about CSB compliance with Part C requirements for services in natural environments and initial assessments within 45 days; it may be that 10 - 15 CSBs are not in compliance with these requirements.
- A discussion about the natural environments requirement followed. One Executive Director indicated that 80 percent his consumers wanted to be served in center-based programs, rather than at home. Also, some parents do not want service providers coming into their homes. Other members indicated this was not their experience. Subsequent information from the Part C Office indicates that most CSBs provide services in natural environments at least 80 percent of the time; only three CSBs were below 50 percent.
- An Executive Director noted that supplemental Part C funding received near the end of the year is not helpful. It would be preferable to know the whole amount at the beginning of the year for planning purposes.
- It was announced that the current Part C contract is being extended to allow more time to develop a comprehensive revision. The Department was urged, as part of that effort, to simplify and streamline Part C forms wherever possible.
- Julie Stanley agreed to look into these issues.

2. SAPT Federal Block Grant Peer Review Requirements

- The VACSB Substance Abuse Council's proposal to use CSB SA staff as peer reviewers for purposes of addressing an audit point citing non-compliance with the SAPT block grant requirements was questioned, based on potential time demands on staff, especially with the recent funding reductions. It was pointed out that the SAPT peer review requirement would involve looking at only two CSBs; this might translate into a four day commitment for six staff. However, CARF accreditation might not be usable, since accreditation occurs only every three years. Finally, SAMHSA may be eliminating these requirements.
- George Pratt agreed that VACSB would survey CSBs to identify two CSBs that would be doing CARF accreditation this year. The peer review requirements are in the SA Council memo and will be included in the survey. A question will be included in the survey about CSB peer review activities. Subsequently, this survey was conducted; it revealed at least two CSBs having CARF accreditation visits during the current year. Julie Stanley agreed to explore the options further with Office of Substance Abuse Services and Finance staff.

3. FY 2002-2004 Budget Funding and Language Requirements/FY 2003 Budget Reductions

- Joy Yeh distributed handouts on the DMHMRSAS Central Office and state facility budget reductions. Charline Davidson reviewed the language amendments.
- Members discussed the sexually violent predator language. The budget amendment does not address community impact and funding. The Council was informed that no CSB was ready to treat sexually violent predators in the community. Concerns were raised about possible local government liability. The Department was asked to include community impact in its study. Harvey Barker (New River Valley CSB MH Director) and Bill Desmond (Goochland Powhatan CSB MH Director) were identified as contacts for information about this issue.
- Concerns were also expressed about DMAS adding requirements to case management as a result of the rate increase funding strategy.
- Members discussed concerns about the Medicaid study (item 325#46) and the potential for DMAS to take money out of the CSB system. The Department was asked to discuss concerns about the study with DMAS.

4. SFY 2003 State Pharmacy Shortfall

- Dr. Reinhard discussed the recent productive meeting about this issue. In addition to the projected \$5.5 million shortfall for community consumers, there is a \$4.2 million state facility pharmacy shortfall. Ideas that were discussed included starting a process to develop protocols, address formulary issues, and increase standardization of prescribing practices among state facilities. Shorter term activities could include identifying populations that should be able to access the state pharmacy, implementing management strategies, documenting demand for medications and efforts to control costs, and working with drug companies to access their indigent resources.
- George Pratt indicated he had received eight or nine e-mail responses about the State Pharmacy memorandum, and the consensus was that the \$2.3 million of new MH block grant funds should not be transferred to the State Pharmacy to reduce the shortfall. He suggested that State Pharmacy eligibility could be addressed quickly.
- A survey of CSBs was proposed to identify all of the resources they spend on medications. The Council decided that there need to be standard practices across the state facilities about how much medications patients are discharged with.
- Responding to the group's consensus, the Commissioner agreed to establish a work group to address the shortfall. Participants will include consumers and advocates, community MH directors, Executive Directors, State Facility Directors, and the Department's DPB analyst. George Pratt agreed to work with Dr. Evans on establishing the work group.

5. POMS Funding and Streamlining

- The VACSB Executive Directors Forum identified the need to make a major shift on POMS, given the budget. POMS needs to be set aside and we need to identify the minimal items that we need to meet the statutory requirements for outcome and performance measures and the Commissioner's Executive Agreement with the Governor.
- Concerns were expressed that Research and Evaluation staff who visited CSBs were communicating the message that POMS is here to stay and that some CSB POMS coordinators may have responded to Research and Evaluation staff with messages that did not reflect the position of their Executive Directors.
- The Council agreed that we needed to give a consistent message about POMS and performance and outcome measurement requirements.
- It was noted that CSBs involved with CARF accreditation are required to measure their performance and outcomes.
- Executive Directors asked the Commissioner to provide an official Department position on POMS at the next meeting of the Ad Hoc POMS Work Group on April 4. Subsequently, the Commissioner's statement about POMS was presented at the April 4 meeting. Later, he issued a longer memorandum about performance and outcomes measurement.

6. SFY 2003 Performance Contract Negotiations

- Paul Gilding updated the Council on the status of the negotiations

7. Discussion of Discharge Planning Protocols

- George Pratt reviewed CSB concerns about the protocols and identified a number of ways to streamline the protocols. For instance, we need to examine how much paper flows between CSBs and state facilities, especially for MR and geriatric consumers.
- Charline Davidson suggested reconvening the work groups that developed the protocols, and the group agreed. It was suggested that there may need to be some additional CSB representatives on the reconvened groups.
- Judy Dudley observed that the protocols have had a positive outcome at her facility, with much more CSB involvement in discharge planning at CVTC.
- Dr. Reinhard agreed to reconvene the discharge protocol work groups to review the protocols and consider ways to streamline and improve them. Subsequently, the Performance Contract Work Group, when informed about this decision, suggested establishing a December 31, 2002 deadline for completing this task.

8. Admissions Protocols Development

- The Council suggested deferring development of admissions protocols until the review and revision of the discharge planning protocols was finished. The Commissioner agreed, but he suggested that the admissions protocols remain on the Council's agenda for future attention.

9. Update on Status of New Licensing Regulations

- Julie Stanley reviewed the status of the new licensing regulations. Public comments have been analyzed and revisions are being developed. Draft recommendations for the State Board's consideration will be available in mid-April, and the State Board will review them at its next meeting on April 25. There will then be a final 30 day public comment period. Subsequently, the State Board approved the proposed regulations for publication.
- Mary Ann Bergeron asked the Department for information about the federal prohibition on firearms in treatment centers. Subsequently, this information was sent to her.

10. Teleconferencing Technology

- Expanded teleconferencing capacity could address workforce shortage issues and could be attractive to the Administration.
- Budget language requires the Department and the Department of Health to study tele-medicine, which offers a real potential to expand access to services.
- The group discussed developing a grant application to seek foundation support, perhaps working with the Virginia Healthcare Foundation.
- The Department will send a memorandum allocating \$6,500 to each CSB for increased poly-com capacity. CSBs will have the option of working with Mary Clair O'Hara for the Department to use the funds to purchase equipment or receiving the funds to purchase equipment directly. Subsequently, this memorandum was sent.

11. Status of Automating the Discharge Planning Protocols

- Charline Davidson reported on the status of automating the protocols. The screen template in PRAIS to identify readiness for discharge is being automated now. The target date for the data base is the end of April.
- The next step will be automating the discharge plan with a web-based application. The needs upon discharge will be the last element. This will probably take four to six months. The Virtual Private Network (VPN), needed to implement this, is being tested now.
- It was suggested that disseminating this information to the CSBs might reduce some CSB concerns about this activity.

12. Report on Bed Shortage Work Group

- The Work Group is meeting next week (March 27) with George Pratt and Dr. Evans chairing the group. They hope to build on the work done earlier by the Central Virginia group that examined the same subject.

13. Report on Medical Assessments Work Group

- Dr. Evans reported on the February 19 meeting of the work group. This work group determined that the need for medical assessment prior to admission to a state facility is not a statewide problem; there are different issues in different regions.
- Magistrates are not sensitive to medical issues and jail transfers are an issue. There is a need to work with the sheriffs association, courts, magistrates, and physicians. There is also a need to improve communication in southwest Virginia on this issue.
- Consideration should be given to legislation that would require medical assessments on all jail transfers to state facilities.

14. Report on Workforce Work Group

- The group will meet next week (March 27) to bring all task force reports together for a report in June. The three task forces are: clinical issues, non-traditional service issues, and non-direct care issues. It was noted that all of the concerns discussed by Council members, such as the shortage of licensed therapists in rural areas which could lead to closing outpatient programs, will be addressed in the group's report. Jules Modlinski requested copies of the task force materials.

15. Next Meeting

- The Council will meet next on May 1, 2002 at Hanover County CSB at 10:00 a.m.